

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FO	OR BALANCING A V	VEHICLE DRIVESHAFT			
the specification of wh	nich is attached hereto	unless the following box is checke	d:		
[] was filed on _ Application ?		_ as U.S. Application Number or I _ and was amended on		ional applicable).	
I hereby state that I claims, as amended by		nderstand the contents of the abored to above.	ove identified	specification, including	
I acknowledge the dut	acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.				
I hereby claim foreign or inventor's certifica than the United States	te, or §365(a) of any s, listed below and ha ertificate or PCT Inte	er 35 U.S.C. §119(a)-(d) or §365(l) PCT International application where also identified below, by check rnational application having a fili	ich designate king the box	ed at least one country, any foreign applicati	
Prior Foreign Application(s) (Number) (Country)		Priority Claimed			
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
I hereby claim the ben	efit under 35 U.S.C. §	119(e) of any United States provis	sional applica	ation(s) listed below.	
(Application No.)	(Filing Date)				
(Application No.)	(Filing Date)				
International application claims of this application provided by the first p	on designating the Ur tion is not disclosed in aragraph of 35 U.S.C d in 37 C.F.R. §1.56	C. §120 of any United States nited States, listed below and, insense the prior United States or PCI. §112, I acknowledge the duty to which became available between tof this application.	ofar as the s Internation disclose info	subject matter of each al application in the mormation which is mate	
(Application No.)	(Filing Date)	(status - patented, pending, a	abandoned)		
(Application No.)	(Filing Date)	(status - patented, pending, a	abandoned)		

I hereby appoint the following the hey(s) and/or agent(s) to prosecute this a section and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution and revocation: Richard S. MacMillan, Reg. No. 30,085; Mark J. Sobanski, Reg. No. 29,700; Oliver E. Todd, Jr., Reg. No. 24,746; Ted C. Gillespie, Reg. No. 27,981; Donald R. Fraser, Reg. No. 17,919; William J. Clemens, Reg. No. 26,855; A. Michael Tucker, Reg. No. 32,539; Gary M. Sutter, Reg. No. 31,574; John B. Molnar, Reg. No. 31,914; Douglas V. Pavelko, Reg. No. 36,888; Allen W. Inks, Reg. No. 37,358; Thedford I. Hitaffer, Reg. No. 38,490; Scott A. Blake, Reg. No. 40,515; Robert M. Leonardi, Reg. No. 27,815; and Frank B. McDonald, Reg. No. 28,738.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	Full name of sole or first inventor:	Gerald L. Myers				
	Inventor's signature	L)myers	Date: 12/18/97			
	Residence: 6645 Santo Lane, Maumee, Ohio 43537					
Tu	Citizenship: <u>U.S.A.</u>	Post Office Address: Same				
C N						
i i	Full name of second inventor:					
TU Tu	Inventor's signature	and the second s	Date:			
	Residence:		·			
į		Post Office Address:				
	Full name of third inventor:					
	Inventor's signature					
	Residence:					
		Post Office Address:				
	Full name of fourth inventor:					
	Inventor's signature		Date:			
	Residence:					
	Citizenship:	Post Office Address:				